**Finance and Business Services / Infrastructure and Assets**

**Working at Heights - Pre-Start Checklist**

Complete this checklist before you start your activity. These are administrative processes that often form an important part of the overall safety of your activity. For any items checked “No”, provide further information on the controls to be implemented. Add any further items that are relevant to your work

*Note: A completed, and signed copy of this form is to be attached to the work at heights permit.*

|  |  |  |  |
| --- | --- | --- | --- |
| WORK DETAIL | | | |
| Title: | Work Description: | | Date |
| Requested by: | Work Order No: | Permit No: | |
| WMH Facility: | Building Name /No. | Facility Address: | |

|  |  |  |
| --- | --- | --- |
| **Control Options** *(Insert control letters against all items below that apply)* | | |
| A Edge Protection | B. Elevating Work Platform (EWP) | C. Scaffold with work platform and internal ladder |
| D. Ladder | E. Fall protection cover | F. Scaffolding |
| G. Fall Arrest Platforms | H. Industrial rope access | I. Travel restraint system |
| J. Safety Observer | K. Permit to work systems | L. Safe work method statement |
| M. Warning signage | N. Toolbox talks | O. Safety harness with lifeline |
| P. Non-slip shoes | Q. Work at Height Training (statement of attainment) | R. Falling Objects control system |
| S. Barricade/fencing around the work zone |  |  |

|  |  |
| --- | --- |
| Worker Name:  Signature | Contact No.:  Date: / / |
| Work supervisor/trade co-ordinator  Signature | Contact No.:  Date: / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Before the work commences, the person to conduct the task at height:** | **Yes** | **No** | **N/A** | **Control Options** |
| Has received relevant information, instruction, training to competently perform the task (new workers) |  |  |  |  |
| Has identified equipment to be used or installed |  |  |  |  |
| Is familiar with:   * This Risk Assessment; and/or * Safe Work Method Statement; and/or * Plant and Equipment SOPs / manufacturer instructions |  |  |  |  |
| Has verified that the work area is clear of electrical hazards  *Power lines or electrical cables in close proximity*  *Exposed electrical switchboards/power points* |  |  |  |  |
| Has verified the work area *Surface condition:*   |  |  |  | | --- | --- | --- | | Surface type | Stability / evenness | Slope | | Traction / grip / slipperiness | Load bearing / strength | Work area | | Safe movement | Fragile surfaces | Access/egress | |  |  |  |  |
| Has appropriate ground surface stability for equipment footing being used (wet, slippery, sloping surface, ground penetration) |  |  |  |  |
| Has assessed the surfaces for change in level, crossovers, access to other roofs |  |  |  |  |
| Has verified unprotected edges (e.g. roof tops, shafts, balconies etc.) with edge protection less than 1.2 metres high |  |  |  |  |
| Verified if the structure supporting the roof requires modification to support safeguards? (E.g. edge protection, travel restraint mounting points) |  |  |  |  |
| Has verified others in the workplace are aware the task that is being undertaken. *Workers must NOT work alone or in isolation when working at height*. |  |  |  |  |
| Notes the weather conditions are appropriate for the task or equipment being used. (no work in inclement weather) |  |  |  |  |
| Notes that First Aid resources suitable for activity are readily available  (including trained staff) |  |  |  |  |
| Has suitable clothing, footwear and personal protective equipment for task |  |  |  |  |
| Notes that others will not be impacted by the equipment or task  (falling items, noise, fumes etc.)  Has verified falling objects protection zones and systems  *Note: The activity should be conducted to minimize the impact on others e.g. perform after hours when there is no human traffic or obstructions, barricade the area or make a “No Go” zone*. |  |  |  |  |
| Confirms an effective communication system is in place and functional:  (e.g. how will people working at height communicate during an emergency)  mobile phone  telephone line at location  walkie talkies  physical messenger |  |  |  |  |
| Has a method to monitor the activity  (e.g. safety observer in case of an emergency) |  |  |  |  |
| Has erected appropriate signage around work site. |  |  |  |  |
| Notes any further information: |  |  |  |  |